



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 5465

SERIAL NUMBER 10/735,834	FILING DATE 12/16/2003  RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. MR1841-68
-----------------------------	---------------------------------------	--------------	------------------------	-------------------------------------

APPLICANTS  
 Jinn-Shyan Hwang, Taoyuan Hsien, TAIWAN;

\*\* CONTINUING DATA *None hm* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS *None hm* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Huh Mass</i> Examiner's Signature Initials	STATE OR  COUNTRY TAIWAN	SHEETS  DRAWING 7	TOTAL  CLAIMS 6	INDEPENDENT  CLAIMS 1
------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------	----------------------------	--------------------------	--------------------------------

ADDRESS  
 04586  
 ROSENBERG, KLEIN & LEE  
 3458 ELLICOTT CENTER DRIVE-SUITE 101  
 ELLICOTT CITY, MD  
 21043

TITLE  
 Eyeglasses enhancement

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------